



SALINA
PARKS & RECREATION

Mail: 300 W. Ash, #100
Salina, KS 67401
Walk-In: Fieldhouse, 140 N 5th
Fieldhouse Office: 833-2260

For info, weather and program updates, sign up for RecZone:
www.parks.salina.org

2021 FALL ADULT SOFTBALL LEAGUES

Team Name: _____
Team Manager: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (cell) _____ (home) _____ (work) _____
E-mail: _____
Sponsor: _____

Get your friends, families and/or business colleagues together to enjoy the outdoors and let off some steam! Various leagues and divisions offered depending on your teams level of play!
Games will be played at ECRA on designated evenings stated below. The fall season will consist of 8 game league with a post-season tournament. Double headers will be scheduled if possible. League tentatively scheduled to begin Wednesday, September 8.
Please view our website at www.salina-ks.gov/parksandrecreation for more information, rules, stand-ings, schedules, etc.

Championship: (More Competitive): 3 homeruns-additional are outs
Lower Leagues (Employee/Church/Recreational teams): 1 homerun - additional are outs, no 1 up homerun rule, 10 runs max/inning
Softballs: All must optic: Men's (12") ASA .52 COR 300lbs or USSSA Classic M .40 COR 325, Women's (11") ASA .44 COR 375lbs. Or USSSA Classic W .44 COR 400lbs.
Bats: ASA Stamped (Not on the Bat Ban List) and/or 2013 Stamped USSSA Bats are allowed.

Team Fee: \$350 (12 minimum, 16 maximum players on the roster)

Check Desired League

Tentative Dates

_____ Men's Thursday Lower League
_____ Men's Thursday Championship League

Sept. 9, 16, 23, 30, Oct. 7, 14, 21

_____ *Coed 5 & 5 (5 males & 5 females) Wednesday Lower Sept. 8, 15, 22, 29, Oct. 6, 13, 20

_____ *Coed 5 & 5 (5 males & 5 females) Wednesday Championship

***Limit of 6 teams per division! They fill fast!**

****Alternate nights may be scheduled due to field/date conflicts.**

REGISTRATION DEADLINE:
Up to Wednesday, August 18, by 5pm
(\$350 Team Fee)

LATE REGISTRATION:
August 19-20, 5pm
(Additional \$20 Late Fee)

COMPLETELY FILL OUT ROSTER!

OFFICE USE ONLY!!!

PAYMENT: _____ (Check) _____ (Cash) _____ (Credit Card) DATE PAID: _____ / _____ / 21 _____ Initial Name

SALINA PARKS & RECREATION DEPARTMENT 300 W. Ash, Rm. #100 Salina, KS 67401 Office – 309-5765 www.salina-ks.gov/ParksandRecreation		ADULT SOFTBALL ROSTER MIN 12 MAX 16 PLAYERS
Team Name:		Manager:
Address:		Phone # on schedule:
TEAM ROSTER (Minimum of 12 players) Players may NOT be on more than 1 team roster per league		
First, Last Name (Mandatory)	Home Address, City, St., Zip (Mandatory)	Phone (Mandatory)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
SUBS & ADDED PLAYERS (Players may NOT be added after half way point of the season)		
Subs/Added Players (Mandatory)	Home Address, City, St., Zip (Mandatory)	Phone (Mandatory)
13.		
14.		
15.		
16.		

Any more than 16 players, without permission by the Athletic Supervisor, shall forfeit any rights to post-season awards.